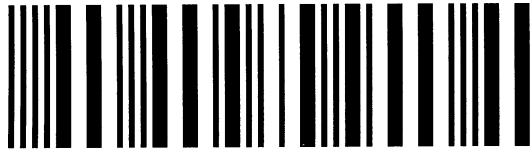


GEORGIA FORM 500

INDIVIDUAL INCOME TAX RETURN

2000

Page 1



0000104711

Fiscal Year

Beginning:

Mo. Day Yr.

Ending:

Mo. Day Yr.

DEPARTMENT USE ONLY

DEPARTMENT USE ONLY

Del Ext Misc.

Check box if you are using a Software Program **OR** if you do not want a booklet next year.

USE BLACK INK ONLY

USE GEORGIA LABEL IF CORRECT. OTHERWISE CHECK CHANGE OF ADDRESS BOX AND PRINT OR TYPE

STEP 1

YOUR FIRST NAME INITIAL YOUR SOCIAL SECURITY NUMBER

YOUR LAST NAME SUFFIX

SPOUSE'S FIRST NAME INITIAL SPOUSE'S SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME SUFFIX

Change of Address

ADDRESS LINE 1

ADDRESS LINE 2 OR APARTMENT NUMBER

CITY STATE ZIP CODE COUNTRY IF FOREIGN

L
A
B
E
L

CHECK IF FOREIGN ADDRESS

RES

STEP 2

EXEMPTIONS AND DEPENDENTS

4. Use one number only and enter in the Residency Code box. PART-YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 9 THROUGH 14 AND USE SCHEDULE 3 OF FORM 500, PAGE 4.

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM / / TO / / 3. NONRESIDENT

5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Return.)

A. SINGLE C. MARRIED FILING SEPARATE (Spouse's social security no. must be entered above)

B. MARRIED FILING JOINT D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER)

6. Number of Exemptions from Federal Form 1040 or 1040A (see instructions).....

Dependents:

First Name	Last	Dependent's social security number	Dependent's relationship to you

7. If more than four dependents, attach a list

STEP 3

INCOME

IF AMOUNT ON LINE 8, 9, 10, 13, OR 15 IS NEGATIVE, FILL IN CIRCLE. EXAMPLE: ●

If the amount on Line 8 is \$40,000 or more, or your adjusted gross income is less than your W-2s, you are required to attach a copy of your Federal 1040 Pages 1 and 2. Do not attach other Federal Schedules.

8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ)... 8. ○

9. Adjustments from Schedule 1. (See instructions on Page 7, Line 9)..... 9. ○

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10. ○

STEP 4

DEDUCTIONS

11. STANDARD Deduction (SEE INSTRUCTIONS - LINE 11)

Do not use Federal Standard Deduction.

b. Are YOU 65 or over blind SPOUSE 65 or over blind x 1,300 = ... 11b

c. TOTAL STANDARD deduction (Line 11a + Line 11b)..... 11c

12. TOTAL ITEMIZED deductions used in computing Federal taxable income

Schedule A-Form 1040 Less: See Line 12 instructions 12=

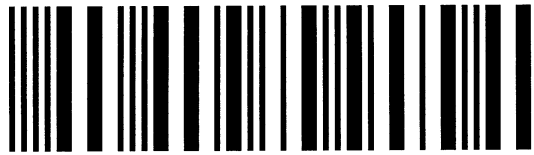
Use EITHER Line 11c or Line 12 (DO NOT WRITE ON BOTH)

For Department Use Only

ELECTRONIC FILING MAY SPEED YOUR REFUND BY 8 WEEKS

IF YOU USE STANDARD DEDUCTION ON YOUR FEDERAL RETURN YOU MUST USE STANDARD DEDUCTION ON YOUR GEORGIA RETURN

Form 500

2000
Page 2

0000104721

Social security number:

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STEP 5
TAX COMPUTATION

13. Subtract either Line 11c or Line 12 from Line 10; enter balance.....	13	<input type="radio"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
14. Number from block on Line 6 ____ multiplied by \$2,700.....	14	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
15. Georgia taxable income (Line 13 less Line 14 or Line 14, Schedule 3).....	15	<input type="radio"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
16. Tax (Use Tax Table on Pages 9 and 10).....	16	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
17. Credits (Enter total but not more than the amount on Line 16) from Schedule 2, Page 3.....	17	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
18. Balance (Line 16 less Line 17) If zero or less than zero, enter zero.....	18	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
19. GEORGIA INCOME TAX WITHHELD (Attach withholding statements).....	19	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
20. Estimated tax for 2000 and Form IT-500 PV.....	20	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
21. Low Income Credit (See worksheet on Page 11) ➤ 21a <table border="1"><tr><td></td><td></td></tr></table> x 21b <table border="1"><tr><td></td><td></td></tr></table>					21c	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>		
22. Department use only.....	22	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
23. Total prepayment credits (Add Lines 19, 20, and 21C).....	23	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE.....	24	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount.....	25	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
26. Amount to be credited to 2001 ESTIMATED TAX.....	26	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
27. Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....	27	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
28. Georgia Children and Elderly Fund (No gift of less than \$1.00).....	28	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
29. Georgia Cancer Research Fund (No gift of less than \$1.00).....	29	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
30. Form 500 UET (Estimated tax penalty).....	30	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
31. Add Lines 24, 27, 28, 29 and 30 (Balance due)..... MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION	31	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						
32. Amount to be refunded. Line 25 minus Lines 26, 27, 28, 29 and 30 if applicable.....	32	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			,	<table border="1"><tr><td></td><td></td></tr></table>			.	<table border="1"><tr><td></td><td></td></tr></table>						

OVERPAYMENTS
(REFUNDS)GEORGIA INCOME TAX DIVISION
P.O. BOX 740380
ATLANTA, GEORGIA 30374-0380

PAYMENTS AND OTHER

GEORGIA INCOME TAX DIVISION
P.O. BOX 740399
ATLANTA, GEORGIA 30374-0399

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN
HERE

YOUR SIGNATURE

X _____

DATE

		/			/		
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DAYTIME PHONE NUMBER

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SPOUSE'S SIGNATURE

X _____

DATE

		/			/		
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By initialing this box
I/We authorize the Georgia
Department of Revenue to
discuss this tax return with
the preparer named below.

SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER

X _____

IDENTIFICATION NUMBER OF PREPARER

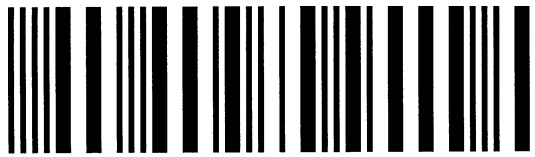
DATE

		/			/		
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Form 500

2000 Schedule

Page 3



0000104731

Social security number :

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Name: _____

SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (See Page 7 of instructions)**ADDITIONS TO INCOME**

- | | | | | | | | | | | | | | | | | | | | | |
|---|----|---|--|--|---|---|--|--|--|--|---|---|--|--|--|--|---|---|--|--|
| 1. Interest on Non-Georgia Municipal and State Bonds..... | \$ | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 2. Lump Sum Distributions..... | \$ | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 3. Other (Specify)..... | \$ | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 4. Total Additions (Enter sum of Lines 1-3 here)..... | \$ | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion

(See Retirement income Exclusion worksheet, Page 13.) Type of Disability:

A. Self: Date of Birth

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 Date of Disability

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B. Spouse: Date of Birth

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 Type of Disability: _____ Date of Disability

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6. Social Security Benefits (Taxable portion)..... \$

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7. Railroad Retirement Benefits (Taxable portion)..... \$

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8. Interest on United States Obligations..... \$

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(See Page 7 of instructions.)9. Other (Specify)..... \$

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10. Total Subtractions (Enter sum on Lines 5-9 here)..... \$

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11. Net Adjustments (Line 4 less Line 10, enter net total here and on Line 9 of Page 1) (+ or -)..... \$

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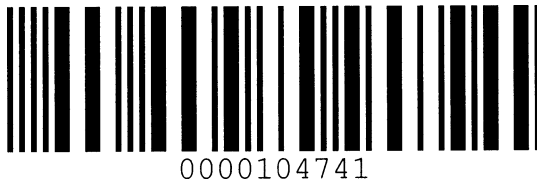
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SCHEDULE 2 CREDITS FOR LINE 17, PAGE 2

- | | | | | | | | | | | | | | | | | |
|--|----|---|--|--|---|---|---|---|--|--|---|---|---|---|--|--|
| 1. Other State Credit (See worksheet, Page 11)..... | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 2. Low Emission Vehicle Credit..... | \$ | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | | |
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| 3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person
Home Purchase or Retrofit Credit, and Qualified Caregiving Expense Credit)..... | \$ | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | | |
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| 4. Other Credits, Please Specify.....
Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC, LLP or
Partnership Interest | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 5. Employer's Credit for Basic Skills Education.....
Name of Business Entity _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 6. Employer's Credit for Approved Employee Retraining.....
Name of Business Entity _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 7. Employer's New Jobs Credit.....
Name of Business Entity _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 8. Employer's Credit for Providing or Sponsoring Childcare for Employees.....
Name of Business Entity _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 9. Manufacturer's Investment Tax Credit.....
Name of Business Entity _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| 10. Optional Investment Tax Credit.....
Name of Business Entity _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| | | | | | | | | | | | | | | | | |
| 11. Other Credits, Please Specify.....
Name of Business Entity _____ | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | |
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| | | | | | | | | | | | | | | | | |
| 12. Enter the Total of Lines 1 through 11 here and
on Line 17, Page 2..... | \$ | <table border="1"><tr><td></td><td></td></tr></table> | | | , | <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | . | <table border="1"><tr><td></td><td></td></tr></table> | | | | |
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Social security number :

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SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable. See other state credit, Page 8, Line 17, and Page 11.

DO NOT USE LINES 9 THROUGH 14 OF PAGES 1 AND 2, FORM 500

	Federal Income after Georgia Adjustments COLUMN A	Income Not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, etc.....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Interest and Dividends.....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Business Income or (Loss).....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Other Income or (Loss).....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Total Income: Total Lines 1 through 4.....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Adjustments to Income:			
6. Total from Federal Form 1040.....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Total from Form 500, Schedule 1, Page 3 (See instructions Line 9, Page 7).....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7.....	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	Not to exceed 100%
10. Itemized or Standard Deduction (See instructions for Line 10, Page 12).....		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
11. Personal Exemption from Form 500, Page 1, Line 6, multiplied by \$2700....		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
12. Total Deductions and Exemptions: Add Lines 10 and 11.....		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
13. Multiply Line 12 by Ratio on Line 9 and enter result.....			<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500			<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>